



# ***Substance Misuse Prevention with LGBTQIA+ Youth Prevention***

A Health Educator's Guide



New England (HHS Region 1)

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

The use of affirming language inspires hope.

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LANGUAGE MATTERS.

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**Words have power.**

**PEOPLE FIRST.**

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

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# Introduction

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As a Health Educator, whether in a classroom or community-based setting, it is important to ensure that any curriculum and informational products you use **encompass all members of the community** you serve. Information should be relevant to and intentionally inclusive of cultural identities of the youth served.

This document was created as a tool for educators to utilize when developing and evaluating their own curriculum and informational products, to ensure they are being intentional with their inclusion and support of LGBTQIA+ youth.

## Outlining the Issue

In recent years, youth of minority gender identities and expression and sexual orientation have been facing greater challenges with mental health and substance use issues. This is not to say that individuals who identify on the LGBTQIA+ spectrum have not always faced adversity, but with the growing trends of social media and increased representation youth are more “out” to their communities. **With this increased visibility, these youth are finding challenges in many new spaces.**

Youth between the ages of 12 and 18 who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Question, Intersex, Asexual (LGBTQIA+) and other identities are at a **more significant risk of mental health issues and substance use prevalence**, far greater than their cisgender, straight counterparts.

The questions we should be asking, and the sections that follow, are:

**“What are these teens facing?”**

**“Why is it important?”**

**“What can I do to help?”**



# "What are these teens facing?"



Youth who identify as LGBTQIA+ are increasingly experiencing traumatic events such as **bullying, violence, and isolation from their peers, family and loved ones, and even their communities.** The nationwide analysis of the Youth Risk Behavior Survey findings that was completed by the Human Rights Campaign and Project Thrive in 2020, noted previously, showed that this community of youth generally **felt unsafe in both their homes and their schools**, faced rejection, and lived in a constant state of mental health trauma when experiencing these events. These teens are experiencing the events at a much higher rate than their cisgender, straight friends because of their identity, in addition to events that would be considered a “normal” event experienced by teens.

**31% OF LGB YOUTH, 43% OF TRANSGENDER YOUTH AND 40% OF QUESTIONING YOUTH HAVE BEEN BULLIED AT SCHOOL, COMPARED TO 16% OF THEIR NON-LGBTQ PEERS.**

**24% OF LGB YOUTH, 35% OF TRANSGENDER YOUTH AND 41% OF QUESTIONING YOUTH HAVE SKIPPED SCHOOL BECAUSE THEY FELT UNSAFE AT SCHOOL OR ON THEIR WAY TO SCHOOL, COMPARED TO 8% OF NON-LGBTQ YOUTH.**

**54% OF LGB YOUTH, 61% OF TRANSGENDER YOUTH AND 61% OF QUESTIONING YOUTH ARE BATTLING SYMPTOMS OF DEPRESSION, COMPARED TO 29% OF NON-LGBTQ YOUTH.**

**35% OF LGB YOUTH, 45% OF TRANSGENDER YOUTH AND 40% OF QUESTIONING YOUTH HAVE SERIOUSLY CONSIDERED ATTEMPTING SUICIDE, COMPARED TO 13% OF NON-LGBTQ YOUTH.**

The drastic increase for LGBTQIA+ youth experiencing negative events is detrimental to health and wellness of these teens. As an educator, it is a tough responsibility to ensure safety of each student and teen in your school and community. However, **there are things you can do on a broad level that offers intentional inclusion of minority populations of youth**, when developing or presenting educational resources.

# What does it mean to be a "sexual/gender minority youth"

Terminology is ever-evolving, and, while it is important to be knowledgeable and understanding of the broad spectrum, it is most important to simply be affirming of whatever identity they choose to express. There will be more about how affirmation is a widely regarded protective factor to reduce and prevent substance use and mental health issues in teens. This is a spectrum; not boxing people into a specific identity is important. It is up to the youth to decide their identity and when/to whom they share it.

According to the CDC's overview of sexual and gender identity terms, a sexual minority is someone who identifies on the spectrum of same sex attraction and sexual contact and a gender minority is someone who identifies as a gender other than the one they were assigned at birth.

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## Some terms that are important to understand:

**Ally** | A term used to describe someone who is actively supportive of LGBTQ people. It encompasses straight and cisgender allies, as well as those within the LGBTQ community who support each other (e.g., a lesbian who is an ally to the bisexual community).

**Asexual** | Often called "ace" for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexuality exists on a spectrum, and asexual people may experience no, little or conditional sexual attraction.

**Bisexual** | A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.

**Cisgender** | A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

**Gay** | A person who is emotionally, romantically or sexually attracted to members of the same gender. Men, women and non-binary people may use this term to describe themselves.

**Gender identity** | One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

**Gender non-conforming** | A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. While many also identify as transgender, not all gender non-conforming people do.

**Homophobia** | The fear and hatred of or discomfort with people who are attracted to members of the same sex.

**Gender binary** | A system in which gender is constructed into two strict categories of male or female. Gender identity is expected to align with the sex assigned at birth and gender expressions and roles fit traditional expectations.

**Gender expression** | External appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

# Important Terms - Continued

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**Intersex** | Intersex people are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response, and/or secondary sex traits.

**Lesbian** | A woman who is emotionally, romantically or sexually attracted to other women. Women and non-binary people may use this term to describe themselves.

**LGBTQ** | An acronym for “lesbian, gay, bisexual, transgender and queer.”

**Non-binary** | An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.

**Pansexual** | Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with bisexual.

**Queer** | A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur, but has been reclaimed by many parts of the LGBTQ movement.

**Questioning** | A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

**Sex assigned at birth** | The sex, male, female or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy.

**Sexual orientation** | An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: an individual’s sexual orientation is independent of their gender identity.

**Transgender** | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

**Transitioning** | A series of processes that some transgender people may undergo in order to live more fully as their true gender. This typically includes social transition, such as changing name and pronouns, medical transition, which may include hormone therapy or gender affirming surgeries, and legal transition, which may include changing legal name and sex on government identity documents. Transgender people may choose to undergo some, all or none of these processes.

***A more in-depth list can be found  
at the Human Rights Campaign  
[www.hrc.org](http://www.hrc.org)***

# "Why is this happening?"

## Understanding Risk and Protective Factors

Two researchers, J. David Hawkins and Richard F. Catalano, developed a framework for assessing the risk factors that, if experienced by youth, lead to increased use of substances and increased mental health episodes. These factors should be considered when developing prevention and education tools that include youth, especially if those tools are relational to your location and environment.

The Substance Abuse and Mental Health Systems Administration provides easy-to-understand definitions of risk and protective factors. They are explained as characteristics and factors, both internal and external, that impact substance use and mental health issues in individuals.

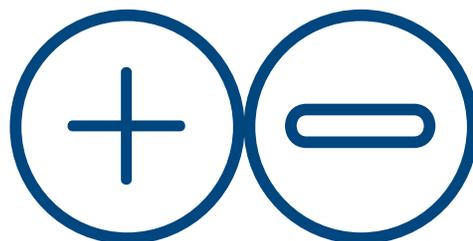
If a youth experiences greater risk factors, there is a greater chance that youth will struggle with substance use and or mental health challenges. If these experiences are not met with protective factors, that youth may continue to see an increased chance of using substances and/or suffering from a mental health issue.

As adults, we have the opportunity to surround those youth with positive interactions and healthy behaviors that increase the protective factors within their realm of self. One way to understand how risk and protective factors impact youth, is to understand how and where these factors present.

When youth experience adverse or traumatic events (risk factors), **what do you do to help offset the potential negative effects of that event?** If you said, "provide counseling" or "let them talk it through" or "help them find a healthy alternative", then you provided protective factors for those teens.

Including protective factors in various levels of the school and community can help with the reduction of substance use and mental health episodes that are experience by all teens, but being intentional about how you, as an educator, are providing protective factors to LGBTQIA+ youth is important.

When thinking of the risks that teens face, both internally/externally and individually/socially, imagine what you can do to prevent it or make it better and you have the concept of a protective factor.

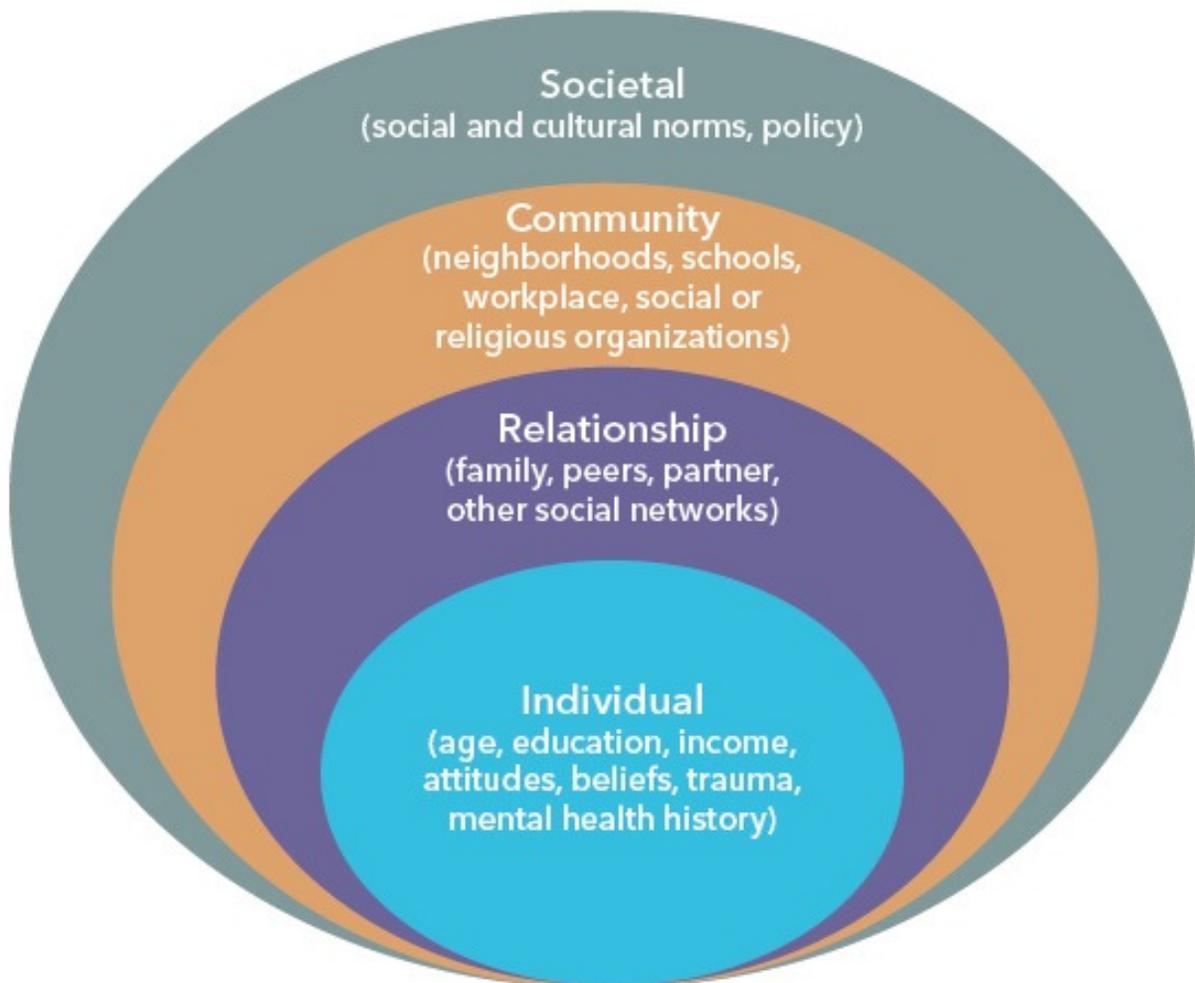


# The Socio-Ecological Model

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The Socio-Ecological Model showcases the interconnectedness among the factors within an individual, their relationships, their community, and their society. Each level of the model is inclusive of factors that have affects on the health of the individual. The Model showcases a range of factors that should be considered when understanding and developing educational tools for prevention.

For example: The individual factors for a youth can include their genetics, their socioeconomic status, their own mental health history, and their age. The relationship factors can include their interactions with families and friends. The community factors impact a youth based on where they live, how they feel connected to their community, their faith affiliations, and their school. Societal factors are policies that impact youth, cultural norms of their surroundings (inclusive of family and community), and how they are impacted socially.



# Things to consider when relating the Model to Sexual/Gender Minority Youth

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- Struggling with Identity: Is the teen, during critical development years, questioning their sexual orientation or gender identity? What does that mean for the teen?
- Unsupportive households: Does this leave the teen neglected or filled with tension at home, or worse – experiencing homelessness?
- Unsupportive School or Community: What is the teen experiencing at their school and in their community that would make them feel unwanted or isolated? (Homophobic educators/peers, lack of representation or visible allies)
- Targeted LGBTQ Policies? (detrimental school/community/state policies that target the population with which they identify)



# "What can I do?"

## On Your Own:

Use the space below to come up with some **risk** factors that you think *could* impact the life of a youth who identifies as LGBTQIA+.

**Individual**

**Community**

**Relationships**

**Society**

## On Your Own:

Use the space below to come up with some **protective** factors that you think *could* impact the life of a youth who identifies as LGBTQIA+. When youth experience adverse or traumatic events, what do you do to help offset the potential effects of that event?

**Individual**

**Community**

**Relationships**

**Society**

## **Reflect:**

Including protective factors in various levels of the school and community can help with the reduction of substance use and mental health episodes that are experienced by all teens, but being intentional about how you, as an educator, are providing protective factors to LGBTQIA+ youth is important.

Take a moment to review and reflect on the risk and protective factors you noted previously. Using the space below, answer the following questions:

*How can I incorporate protective factors into my classroom?*

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*How can I incorporate protective factors into my lesson plans?*

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*How can I incorporate protective factors into my school/community?*

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# Conclusion

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While specific research around protective factors for LGBTQIA+ youth is limited, there are actions that educators can take to ensure the health and wellness of all of their students, that include gender and sexual minority youth.

**Affirmation.** Most LGBTQIA+ youth have experienced family rejection, which leads to negative health outcomes. Teens who are met where they are and have adults in their lives who affirm their identity instead of trying to change it or question it, feel safer and more connected to their schools and communities.

**Use Supportive Language.** Make an effort to be inclusive of pronouns and chosen names. One way to do this is to express your own pronouns when you introduce yourself, and provide the opportunity for youth to also offer their own pronouns and chosen names, instead of calling out names from a roster. Ex: My name is Alissa Cannon and I use She/Her/Hers pronouns.

**Visibility.** Include positive LGBTQIA+ characters and references in resources and activities that are created. Offer the opportunity for a teen to relate to a character in a story that is like them, and include issues faced by LGBTQIA+ youth when discussing health education.

**Collaborate and Support.** Use a systems mapping tool – who in your community provides support? What does this look like? Safe places, allies, businesses, etc.

**Training.** Assess and ensure that educators and staff are inclusive, responsive to, and affirming of the needs of LGBTQIA+ youth.

**Policy.** Develop and support school policies aimed at the protection and support of gender and sexual minority youth, with a direct emphasis on mental health and substance use.

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